

South Dakota Health Care Solutions Coalition

Meeting Notes 1/6/2016

Attendees: Kim Malsam-Rysdon, Jerilyn Church, Monica Huber, Nick Kotzea, Terry Dosch, Rep. Don Hagggar, Sen. Deb Soholt, Scott Duke, Deb Fischer-Clemens, Sonia Weston, Jennifer Stalley, Mike Diedrich, Rep. Spencer Hawley, Mark East, Sen. Troy Heinert, Mark Quasney on behalf of Jason Dilges, Brenda Tidball-Zeltinger, Lynne Valenti, Sen. Corey Brown, Steve Emery, Dr. Mary Carpenter, Kathaleen Bad Moccasin, Charlene Red Thunder, Janet Jessup, Sara DeCoteau

Welcome and Introductions

Kim Malsam-Rysdon opened the meeting and the Coalition members introduced themselves.

Review of December 16 Meeting Minutes

The group was asked to review the minutes from the last meeting

(<http://boardsandcommissions.sd.gov/Template.aspx?id=145>) and submit any changes, revisions or comments to Kelsey Smith at Kelsey.Smith@state.sd.us.

Update regarding discussions with CMS and IHS

The State has had two calls with CMS and IHS since the last meeting of the Coalition and has been in close contact with Vickie Wachino, Director for the Center for Medicaid and CHIP Services (CMCS) within the Centers for Medicare and Medicaid Services (CMS) and Mary L. Smith, Deputy Director of Indian Health Service. On December 23, the State shared information with CMS and IHS about the recommendations and activities of the Coalition and requested information from CMS regarding the timing of formal guidance, South Dakota's comments on the White Paper, and the Great Plains Tribal Chairman's Health Board's request for technical assistance. The State had a follow-up call with CMS and IHS on January 6. CMS continues to work on the requirement for care to be arranged and overseen by IHS to qualify for 100% Federal Financial Participation (FFP); discussions continue to center around ensuring this requirement is defined with flexibility for states and IHS regarding the contractual arrangement and care coordination. CMS and IHS indicated that the contracting process in the final guidance will not be subject to federal contracting requirements and will be flexible, and could be similar to a provider agreement or MOU document.

CMS and IHS were also strongly supportive of South Dakota's recommendations surrounding telehealth, and IHS can anticipate support from federal partners for using telehealth to expand access to care. Telehealth will be featured in the formal guidance from CMS and may be an avenue for IHS to oversee health care provided by non-IHS providers.

CMS and IHS are committed to providing the technical assistance for the change that was requested by the Great Plains Tribal Chairman's Health Board and the state. CMS and IHS have assembled a team and are tentatively planning to be on-site in South Dakota the week of January 18.

CMS intends to issue a letter to Governor Dugaard outlining the intent of the policy change and will follow that letter with formal guidance in the form of a State Health Official (SHO) Letter. South Dakota can expect to receive the letter from CMS within the next week and final guidance is anticipated by the end of February. Following final guidance, the State will continue to work on the necessary changes to implement the policy change and perform a fiscal analysis to determine the amount of funding available from the change. The level of flexibility for states in the final guidance will inform the fiscal analysis and the availability for funds for Medicaid Expansion and any recommendations of the Coalition that are projected to have a state funding impact or are dependent on Medicaid Expansion. Some recommendations of the Coalition may be implemented independently of Medicaid expansion and the CMS policy change.

Governor Dugaard's recommended budget includes \$373 million funds in federal authority but no general funds for Medicaid expansion. The federal funds would not be used if South Dakota is not able to expand Medicaid within existing general funds budgeted. Ideally, the final guidance and subsequent fiscal analysis will be completed by the end of

legislative session to either support the governor's recommended budget or delete the federal funds if South Dakota is not able to expand Medicaid. If the final guidance issued by CMS doesn't give the necessary flexibility or there are additional areas to work through, then the fiscal analysis by the State may be delayed. Typically budget approvals are effective by July 1. This would be an ambitious timeframe for implementation; the State will have to make formal State Plan Amendments (SPAs) and meet the associated public notice and tribal consultation requirements. CMS review of the SPAs may be expedited due to the anticipated technical assistance provided by CMS, but could also require lengthy review. The State will also need to make other operational changes, such as hiring new staff, updating the MMIS system, among other changes that will have to be completed before implementation.

Sonia Weston brought up the situations at Rosebud, Eagle Butte, and Pine Ridge IHS and questioned the effect on the policy change. There is concern in the tribal community that the situations may have an impact on the HCSC resolutions. Kim Malsam-Rysdon explained that CMS is aware of the issue and knows that there is work happening right now to address the issue and that future work will need to happen to ensure quality of care at those facilities, but the CMS funding change will not be impacted by those issues. Sonia Weston asked about the status of resolutions of support from the tribes. The Crow Creek Sioux Tribe and Sisseton Wahpeton Oyate have submitted formal resolutions. Present Steele has been very vocal with his support. Sonia Weston anticipates that the Oglala Sioux Tribal Council will have a resolution by the end of January. A resolution is also expected from the Great Plains Tribal Chairman's Health Board. Medicaid's Quarterly Tribal Consultation Meeting is scheduled for January 12 and will spend significant time discussing the recommendations of the Coalition, the plan for Medicaid Expansion, and the interim report.

Update Regarding IHS Contracting Process

Carol Diaz gave an update regarding IHS's status on the telehealth contracting process. The scope of work for telehealth services related to behavioral health and emergency services has been written and is out for comment by area service units. IHS has received some comments from Pine Ridge and has discussed the scope of work with Rosebud. IHS IT staff met with telehealth providers to determine the IT needs of the IHS Service Units. IHS is awaiting additional information from providers regarding data capacity, bandwidth and connectivity requirements. IHS has some challenges in this area due to the remote locations of their facilities and the availability of data connections. IHS is working on this issue and upgrading some facilities, but not all facilities are ready to make the upgrades. Providers who work from a cloud based system must meet the federal security requirements and certifications. IHS has contacted their federal office regarding the potential IT needs and anticipate a quick turnaround for federal approval. IHS is working to expedite the contracting process and anticipate that a solicitation will be posted by the end of February.

JR LaPlante gave an update on Avera Health's work with Pine Ridge to develop a telehealth contract and their application for a HRSA grant to put telehealth technology at six sites across the reservation.

Comments on the Interim Report

Kim Malsam-Rysdon led discussion on the interim report. The Coalition reviewed each section of the report. Kathaleen Bad Moccasin clarified information relating to IHS eligibility and IHS purchased/ referred care in the IHS Funding section of the report. Sonia Weston shared the experience of tribal members seeking purchased/referred care from IHS and requested that the report include language that requests to IHS for purchased/referred may be denied. Kathaleen Bad Moccasin also clarified that Flandreau is now a Tribal operated facility and is no longer an IHS Service Unit. Kim Malsam-Rysdon suggested incorporating general timeframes into the recommendations, especially for the solicitation by IHS for telehealth services. The Coalition also discussed additional language to clarify which recommendations are dependent on the CMS policy change or Medicaid expansion and which can move forward independent of expansion.

Sen. Heinert requested the addition of a paragraph about the federal government's treaty obligations and IHS; he believes this section is important to help legislators and others understand that the funding change proposed by CMS is an important first step to fulfill federal treaty obligations. Sonia Weston agreed, adding that some tribal leaders are concerned that Medicaid expansion will be seen as a replacement for IHS, and lead Congress to lower budgets for IHS.

The Coalition discussed creating a one-pager specific to tribes and tribal members. Jerilyn Church indicated Great Plains Tribal Chairman's Health Board is already working on a one-pager.

The Coalition discussed other opposition arguments about Medicaid expansion and the recommendations of the Coalition. The State is working on drafting detailed talking points and one-pagers on various topics that will be useful for educating legislators and others. Sonia Weston asked the State to share the one-pagers so that Coalition members may share with their stakeholders. The State anticipates distributing one-pagers to the Coalition next week. The State is also aware of groups already circulating information opposing expansion. Terry Dosch offered his and his stakeholder's full support of the report and willingness to support the process as it moves forward.

Communication Plan

Kim Malsam-Rysdon outlined the communication plan for the Coalition in the coming weeks. The Coalition anticipates having a call every two weeks.

Closing Remarks

Kim Malsam-Rysdon and Jerilyn Church thanked the Coalition members for their commitment to this process and their feedback relative to the report. In addition to developing recommendations to increase access to health care and behavioral health services, the Coalition has helped build relationships between the State, IHS, the Tribes, and other stakeholders. Sen. Soholt thanked the State for their work for the Coalition.

Next Steps:

- The interim report, talking points, and one-pagers will be provided to the Coalition for distribution to their stakeholders.

Next Meeting: January 15, 2016 at 1:00pm via phone